

Iowa Department of Human Services

Terry E. Branstad Governor

Kim Reynolds Lt. Governor

Charles M. Palmer Director

November 25, 2014

Brittany Kilts 2914 Dean Ave Des Moines, IA 50317

Dear Child Care Provider,

This letter is in regards to the November 13, 2014 compliance check of your Level A, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, des follo

| owing areas were out of compliance at the time of my visit: |
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| 110.5(1)a Numbers for police, fire, ambulance, poison information posted by phone. |
| Provider indicated they have this document, agreed to re-hang. |
| 110.5(1)a Numbers for each child's parent, physician, and a responsible person are accessible by the phone. |
| Provider will add these numbers to the emergency contact sheet. |
| 110.5(1)h A safe outdoor play area is maintained in good condition throughout the year. |
| Provider reports children play in the front yard at certain hours of the day which are not heavy traffic due to a trailer in her back yard. Spot checker assesses the street is too busy for the children to be playing there without a fence. Provider was advised to put up a fence for the front yard or clear out the trailer in the back area so the children can play. Provider indicated they will be removing the trailer and agreed to have all play in the back. |
| 110.5(1)h Is fenced off when located on a busy thoroughfare or near a hazard. |
| Spot checker assesses that the street is too busy for the children to be playing there without a fence. Provider was advised to put up a fence for the front yard or clear out the trailer in the back area so the children can play. |
| 110.5(1)q All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites. |
| Make sure current vet form is used, can be found on page 26 of the packet provided. |

| Pag | re 2 |
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| | 110.5(2) A provider file is maintained and contains: |
| | 110.5(2)a A physician's signed statement of health and immunization status on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every two years. |
| | Provider indicated this document is current, agreed to locate and place in the specified file. |
| | \square 110.5(2)b During the first year of registration – 12 hours of approved training. At least six hours shall be in a group setting. Two of the twelve hours must be health and safety training. A specific training shall not be used to meet requirements more than one time every five years. |
| | Provider should contact Child Care Resource and Referral at 1-800-722-7619 for assistance locating classes. Provider can also take some online courses to meet partial requirements. See page 11. |
| | 110.5(8) Children's Files |
| | 110.5(8) An individual file is maintained for each child and updated annually or when there are changes. Each file contains: |
| | 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance. |
| | Request from parents, can use form on page 4. |
| | 110.5(8)d For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian. |
| | 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually. |
| | 110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical. |
| | $\ \ \ \ \ \ \ \ \ \ \ \ \ $ |
| | Request from parent |
| | 110.5(8)h For each school-age child, record of a physical exam completed at the time of school enrollment or since. |

Request from parent.

| cancellation or revocation of your Chil | dated regulatory requirements listed above may lead to the ld Development Home Registration. Please take whatever steps each of the violations noted above. It is essential you correct al he next 45 days. |
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| | nce listed above, you will be required to have a recheck or follow ccur after the 45 day time period has elapsed. |
| necessary. However, it is essential you have corrected each of the identified of Departmental regulatory mandates. In necessary corrections have been com | ance listed above, a recheck or follow up visit to your home is not u provide documentation to the Department that certifies you regulatory violations and are now in complete compliance with a Please check mark each of the boxes listed above when the appleted. By doing so, you certify that you have completed all of our contained within each identified section. |
| | eps necessary to correct each of the identified violations noted pliance with all of the Departmental mandated regulatory rules. |
| Please sign and date below, and retu | rn this form in the provided envelope by: January 19, 2015 |
| | · · |
| X | |
| Signature | Date |
| Please do not hesitate to contact me a any questions regarding this letter. | at DHS at 515-993-1742 or mcrawfo@dhs.state.ia.us if you have |
| Sincerely, | |
| Melissa Crawford Social Worker II | |
| C. Mark Chappelle Social Work Supervisor | |
| Always Remember: | |
| Child Care Resource and Referral is an ex | scellent resource for providers to access training options and support in ource and Referral at 1-800-722-7619. |

Page 4

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html and you can sign up for training at https://ccmis.dhs.state.ia.us/trainingregistry/

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).